

Name  
in  
Full

Ruth Adams

CERTIFICATE OF DEATH

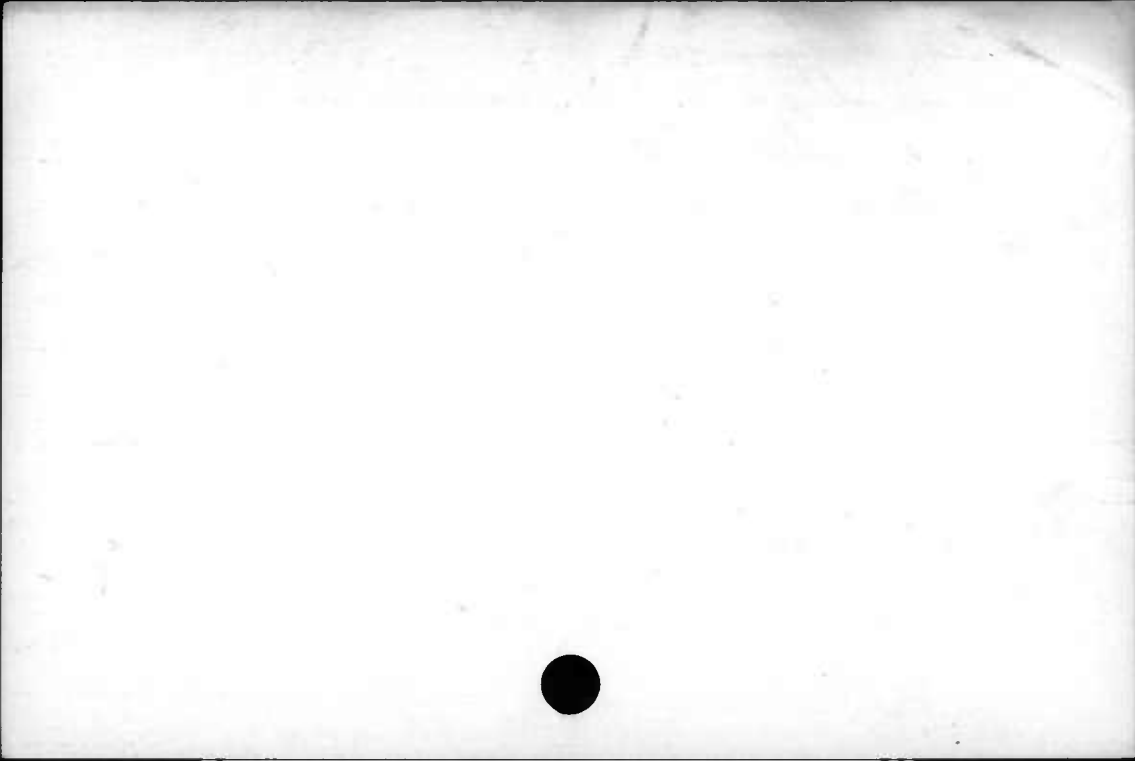
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fountainbleau Hospital Georgetown</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>17</i>	Age <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>D.C.</i>	
Married, Single or Widowed <i>-</i>	Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>			
Father's Name <i>-</i>		Father's Birthplace <i>-</i>	
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>	
Name of person giving information <i>-</i>		How related to deceased <i>-</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>Since birth</i>
Immediate <i>Atherosclerosis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. M. Howard</i>
	Address <i>Fountainbleau Hospital Bethesda, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

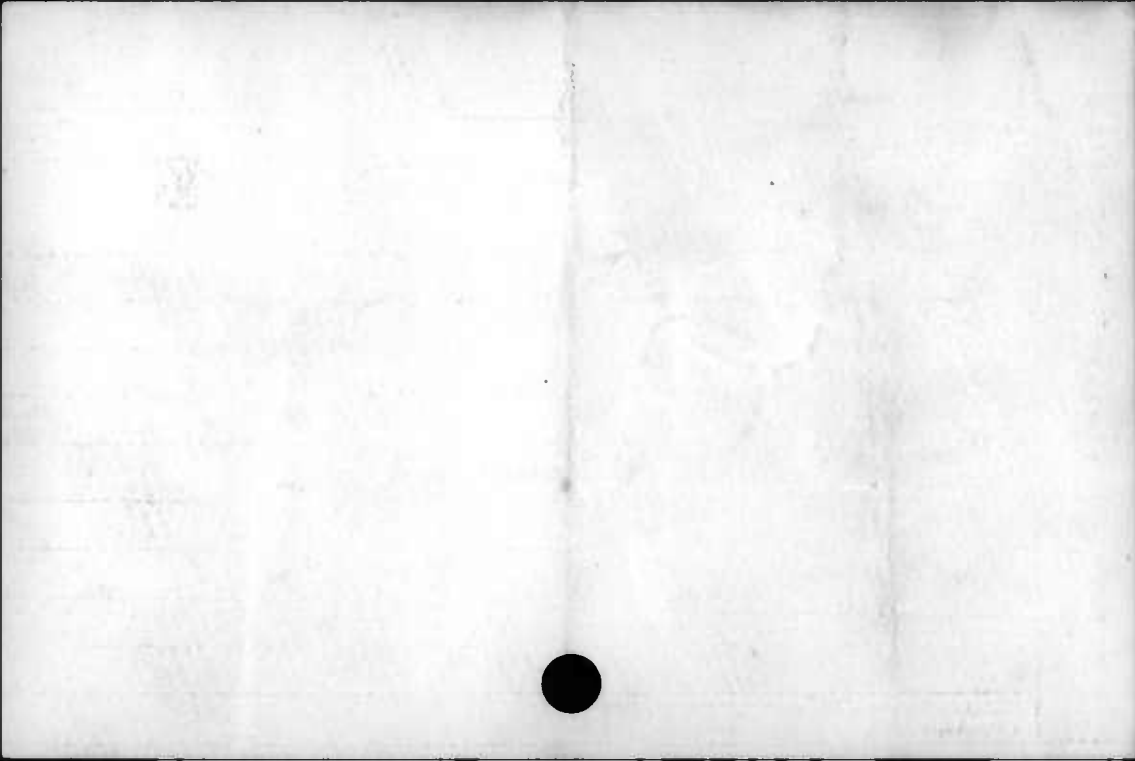
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Takoma Park</u> <sup>Town</sup> <u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>27</u> <sup>Years</sup>	Age <u>5</u> <sup>Months</sup> <u>2</u> <sup>Days</sup> <u>3</u>		
Sex <u>A</u>	Color or Race <u>W</u>	Birth-place <u>Washington, D.C.</u>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <u>Benjamin F. Warner</u> <sup>105</sup>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Emmich</u>		Mother's Birthplace <u>D.C.</u>	
Name of person giving information <u>Benj. F. Warner</u>		How related to deceased <u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enteritis</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred T. Parsons</u>
	Address <u>Takoma Park</u>
Accident or Suicide?	



Name In Full		Annie Brown					
Died at		Town	County				
		Middletown	Montgomery				
		MARYLAND					
Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
05	July	18				2 Middletown	
Male		<del>White</del>	<del>Married</del>	Widow		<del>Divorced</del>	
Female		Colored	Single	<del>Widower</del>		Number of children living	
Husband of							
Wife							
Father's Name		James Brown		Mother's Maiden Name		Grace Brown	
Cause of	Primary	151				How long sick	
Death	Immediate	prostration				2 days	
Reported by		Wm A Waters M.D.					
Address		Gomantown Maryland					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Clara Brown

## CERTIFICATE OF DEATH

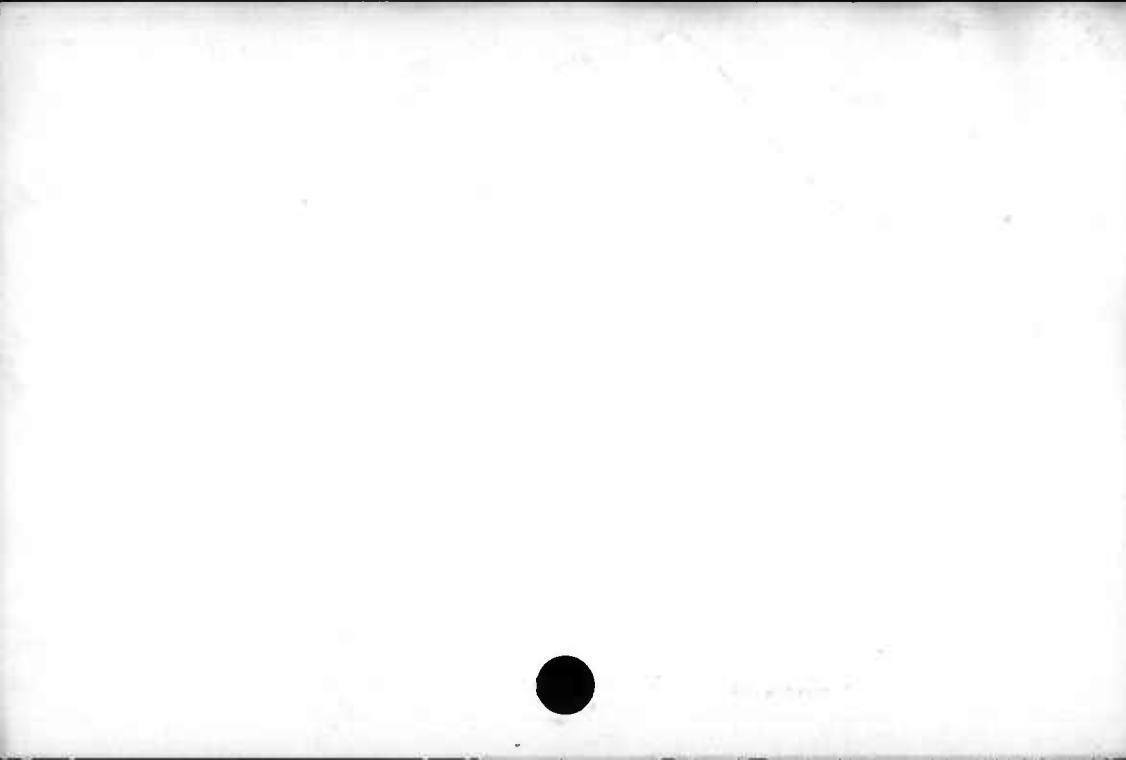
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dawsonville</u> <small>Town</small>		<u>Montg</u> <small>County</small>		MARYLAND	
Date of death	<u>1903</u>	Month <u>7</u>	Day <u>25</u>	Age <u>35</u> <small>Years</small>	Months <u>      </u> Days <u>      </u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Dawsonville</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>      </u>				
Married, <u>Wife</u> or <u>Widow</u>	Name of Wife or Husband <u>Tilman Brown</u>				
Father's Name <u>James Mason</u>	Father's Birthplace <u>Dawsonville</u>				
Mother's Maiden Name <u>Charity</u>	Mother's Birthplace <u>Dawsonville</u>				
Name of person giving Information <u>      </u>	<u>78</u>		How related to deceased <u>      </u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Muscular rheumatism</u>	How long <u>6 mo.</u>
Immediate <u>Acute endocarditis</u>	How long <u>3 mo.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U. D. House M.D.</u>
	Address <u>Dawsonville Md.</u>
Accident or Suicide? <u>      </u>	





Name  
in  
Full

Lillie May Brown

## CERTIFICATE OF DEATH

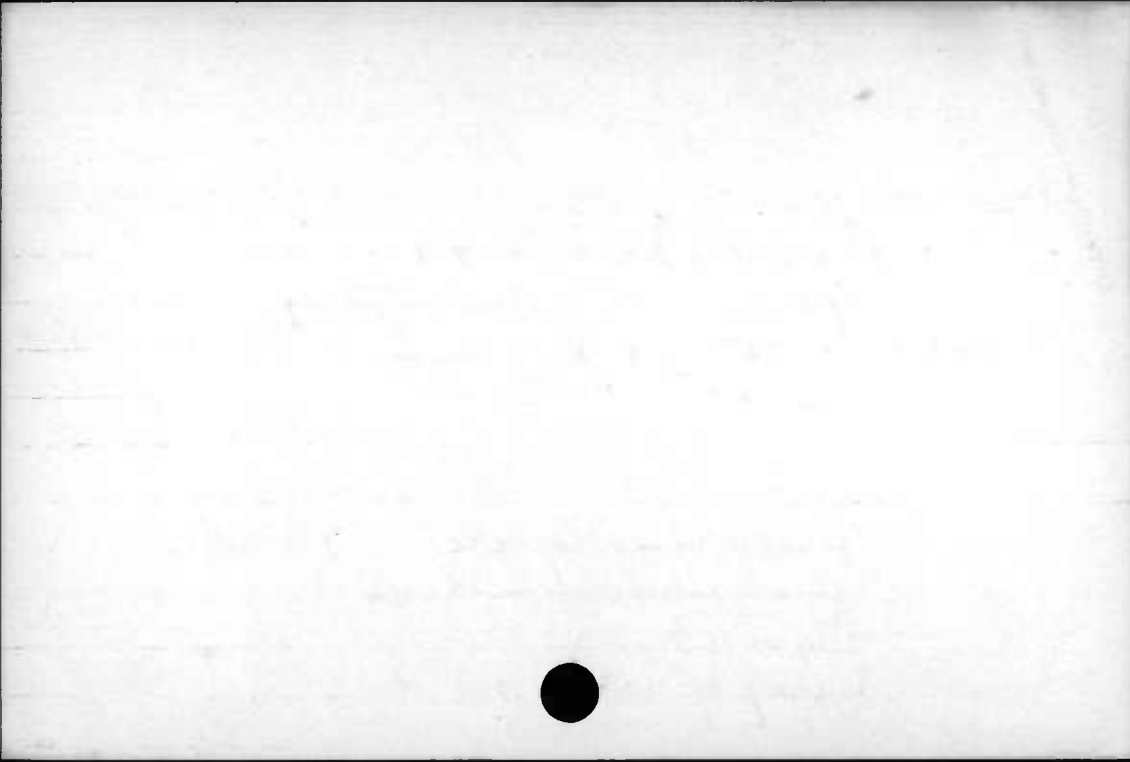
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Cabddale</i>			<sup>County</sup> <i>Montgomery</i>			MARYLAND		
Date of death 1903		Month <i>July</i>	Day <i>30</i>	Age <sup>Years</sup> <i>One</i>		Months <i>—</i>		Days <i>22</i>
Sex <i>Female</i>			Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>			
<del>Married, Single</del> <del>or Widowed</del>				Occupation				
Name of Wife or Husband								
Father's Name <i>Thos. Brown</i>					Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Maggie Warren</i>					Mother's Birthplace <i>Montg. Co. Md.</i>			
Name of person giving information <i>Maggie Warren for H.O.</i>					How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>One day</i>
Immediate <i>Convulsions</i>		How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>As for</i>		Signature of Physician <i>Chas. Fargachan, M.D.</i>
<i>as I know</i>		Address <i>Olney, Md.</i>
Accident or Suicide?		



Name in Full **Pansy Burrough**

Town **Sandy Spring** County **Montgomery** MARYLAND

Died at **Sandy Spring**

Date **1903** Month **7** Day **30** Y. **1** M. **2** D. **-** Native of **Maryland** Occupation **-**

~~Male~~ ☒ ~~White~~ ☒ ~~Married~~ ☒ ~~Widow~~ ☒ ~~Divorced~~ ☒

~~Female~~ ☐ ~~Colored~~ ☐ ~~Single~~ ☐ ~~Widower~~ ☐ ~~Number of children living~~ ☐

Husband of **-**

Wife of **-**

Father's Name **Lewis Burrough** Mother's Name **Lydia Burrough**

Cause of Death { Primary **Whooping Cough** How long sick **3 weeks**

Death { Immediate **Paralysis or clot on Brain** Accident, Suicide, Homicide ☒

Reported by **Roger Burrough**

Address **Sandy Spring Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Elizabeth Dade*  
*Dawsonville* TownCounty *Henry*Date of death *1903* Month *7* Day *28*Age *76* Years

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Poolesville Md*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, ~~Single~~  
or WidowedName of Wife or  
Husband*John Dade*Father's  
Name*Wm. Jones*Father's  
Birthplace*Barnesville*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Chronic Endocarditis*

How long

Immediate

*Asthma*

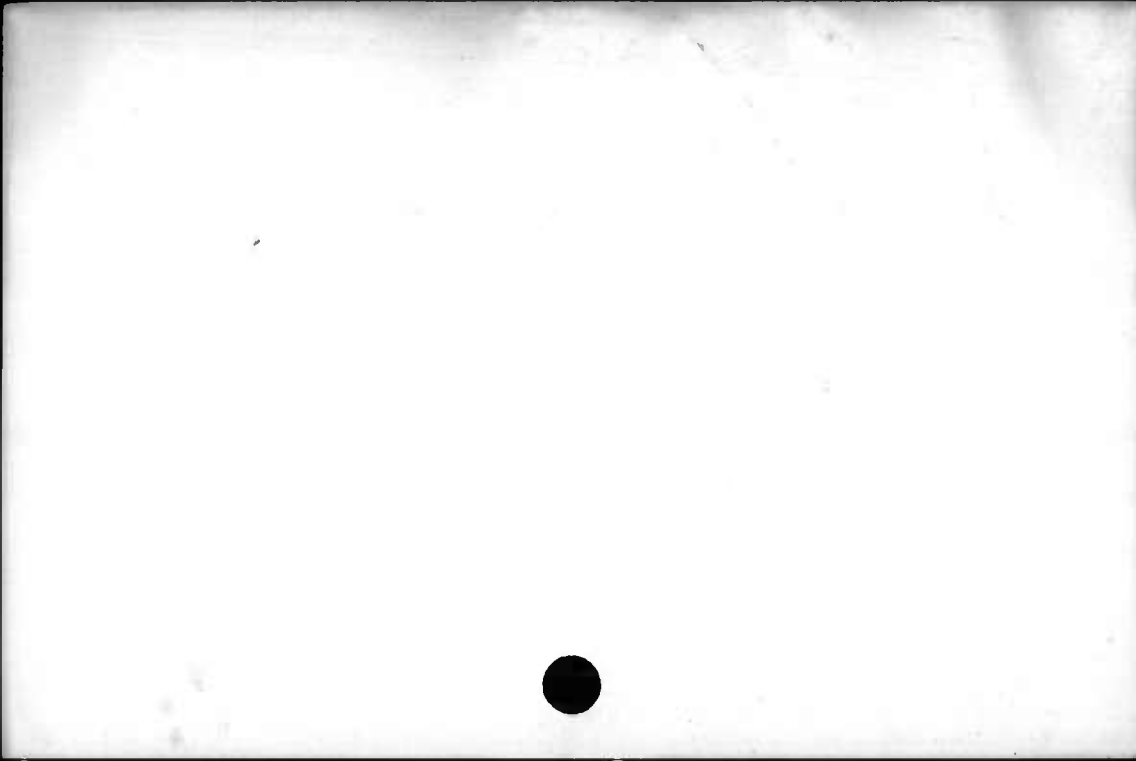
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*U. D. Hourse M.D.*

Address

*Dawsonville Md*

Accident or Suicide?



Name  
in  
Full

Margarita Sanderson Donnel

CERTIFICATE OF DEATH

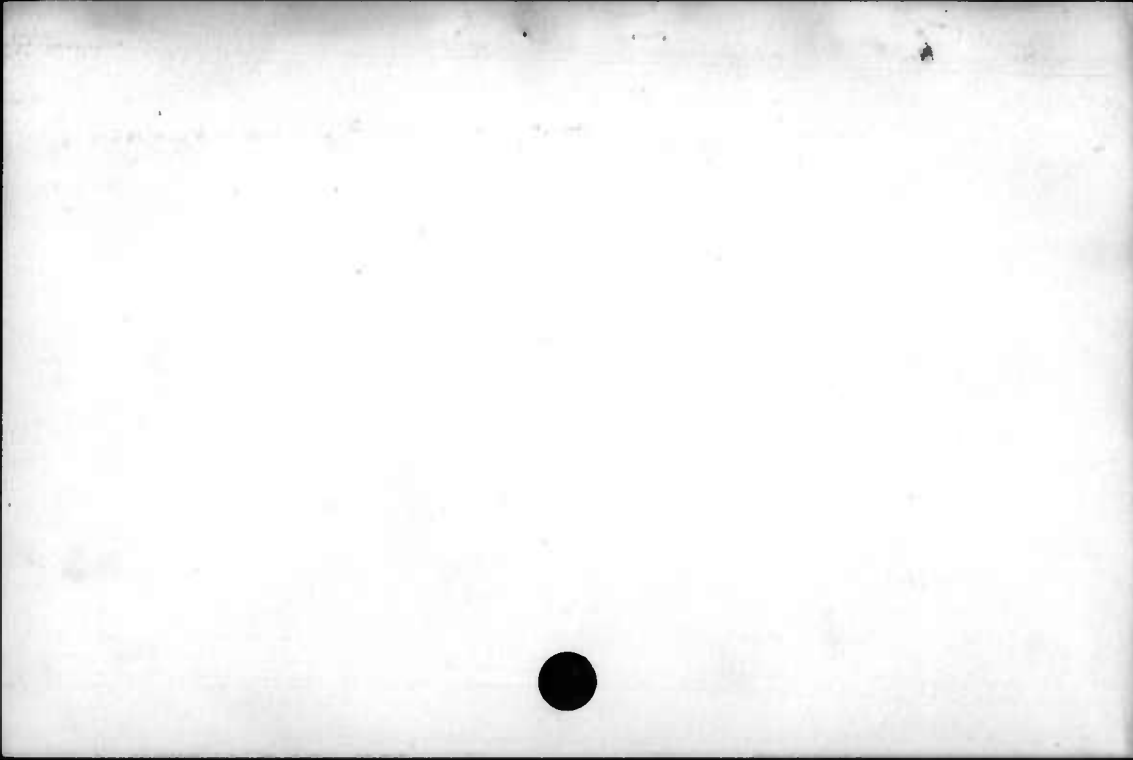
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Kennington</u> Town		<u>Montgomery</u> County		= MARYLAND	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>27</u>	Age <u>81</u>	Months <u>7</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mo</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>None</u>					
Father's Name <u>Antoine Gaudin</u>			Father's Birthplace <u>Canada</u>		
Mother's Maiden Name <u>Eulalie Guiteau</u>			Mother's Birthplace <u>Mo</u>		
Name of person giving information <u>Mrs E. Ealen</u>			How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Hemiplegia</u>	How long <u>one wk</u>
Immediate <u>Cerebral Poisoning</u>	How long <u>one wk</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Eugene Jones</u>
	Address <u>Kennington Md</u>
Accident or Suicide? <u>Neither</u>	





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Augusta		Montgomery		
	Date of death 1903	Month	Day	Age	Years
	July	19	65		
	Sex	Male	Color or Race	White	Birth-place
	Pa				
	Married, Single or Widowed	Married		Occupation	Gos. CLK
	Name of Wife or Husband	Caroline J. Daugherty			
PHYSICIAN OR CORONER	Father's Name	Philip P. Daugherty		Father's Birthplace	Pa
	Mother's Maiden Name	Mary Clark		Mother's Birthplace	Pa
	Name of person giving information	E. P. Daugherty		How related to deceased	Son
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Fatty Degener. Heart & sup. Nephritis			How long
	Immediate	Paralysis of Heart			How long
	Are the name, age, sex, color, date and place correctly given above?	Yes			
	Signature of Physician	Eugene Jones,			
PHYSICIAN OR CORONER	Address	Murray Springs			
	Accident or Suicide?	No			



Name  
in  
Full

Wm E. Dougherty

CERTIFICATE OF DEATH

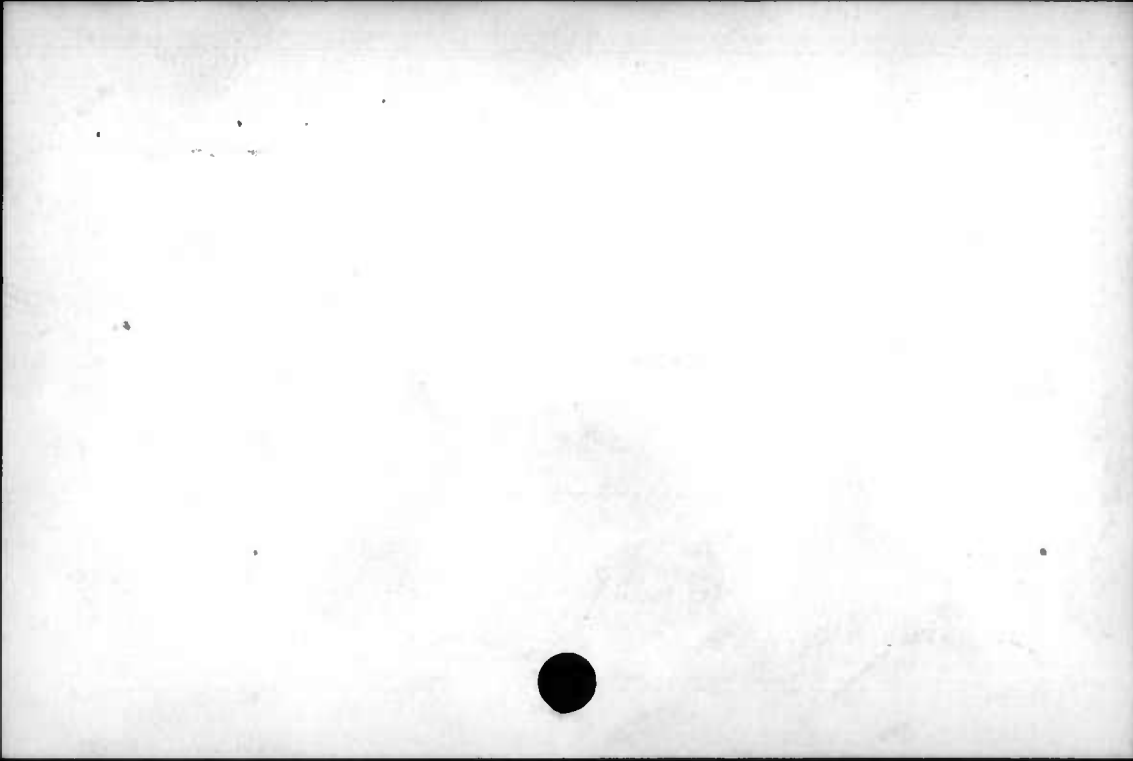
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Kensington		<sup>County</sup> Montgomery		MARYLAND	
Date of death 1903	Month July	Day 19 <sup>th</sup>	Age 65	Months Nov.	Days
Sex Male	Color or Race White	Birth-place New York			
Married, Single or Widowed Married		Occupation Clerk in Treasury Dept			
Name of Wife or Husband Mrs Caroline J Dougherty					
Father's Name <del>Male</del> Philip J Dougherty		Father's Birthplace New York			
Mother's Maiden Name Mary W Clark		Mother's Birthplace New York			
Name of person giving information E Plowden Dougherty		How related to deceased Son			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fatty Degeneration Heart	How long	Several yrs
Immediate	Heart Failure	How long	Feet months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Eugene Jones	
		Address Kensington, Md	
Accident or Suicide?			



TO BE ANSWERED BY  
NEAREST FRIEND

Chas. W. Eldredge

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Garrett Park</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>			
Date of death 190	<u>3</u> <sup>Month</sup>	<u>21</u> <sup>Day</sup>	Age <u>63</u> <sup>Years</sup>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Mesa</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Gov Clerk</u>				
Name of Wife or Husband <u>Emily L. Eldridge</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Jas. T. Brown</u>			How related to deceased <u>Step son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

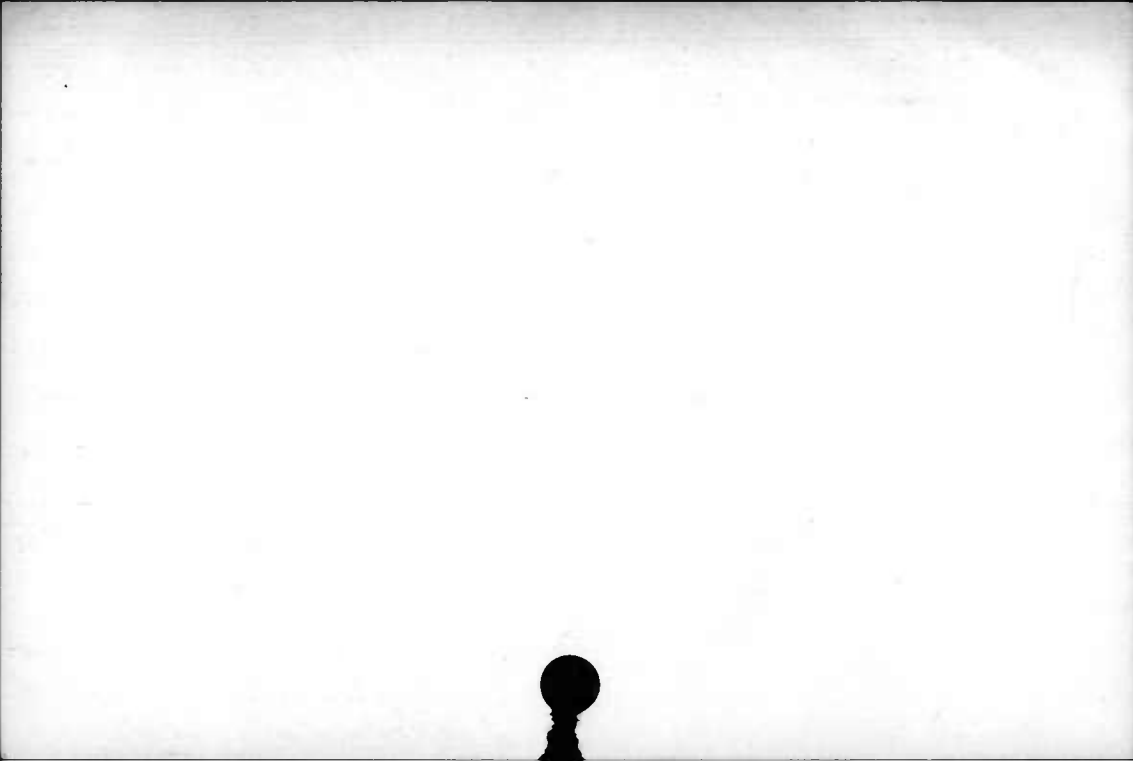
Primary <u>Apoplexy</u>	How long <u>6 hr</u>
Immediate <u>Paralysis</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Lewis M.D.</u>
	Address <u>Kennington Md</u>
Accident or Suicide?	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		<i>Hazel Elliott</i>				CERTIFICATE OF DEATH					
	Died at		<i>Fountaining Hospital Mountgomery</i>				COUNTY					
							MARYLAND					
	Date of death 190		Month		Day		Years		Months		Days	
	<i>3 July</i>		<i>23</i>		<i>Age</i>		<i>3</i>		<i>3</i>			
	Sex		Color or Race		Birth- place							
	<i>Female</i>		<i>White</i>		<i>D.C.</i>							
	Married, Single or Widowed				Occupation							
Name of Wife or Husband												
Father's Name				Father's Birthplace								
Mother's Maiden Name				Mother's Birthplace								
Name of person giving In formation				How related to deceased								

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary		<i>Atherosclerosis</i>		How long		<i>Since birth</i>	
	Immediate		<i>Myocardium</i>		How long		<i>" "</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>Dr. S. J. Howard</i>	
	Accident or Suicide?				Address		<i>Fountaining Hospital Bethesda Md.</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Arthur Frey  
Died at *Foundling Hospital Montgomery*

MARYLAND

Date of death 1903 July 16 Age 5 Months 23 Days

Sex Male Color or Race White Birth-place D.C.

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information — How related to deceased —

CAUSES OF DEATH

Primary *Acute Infectious Endocarditis* How long 1 month

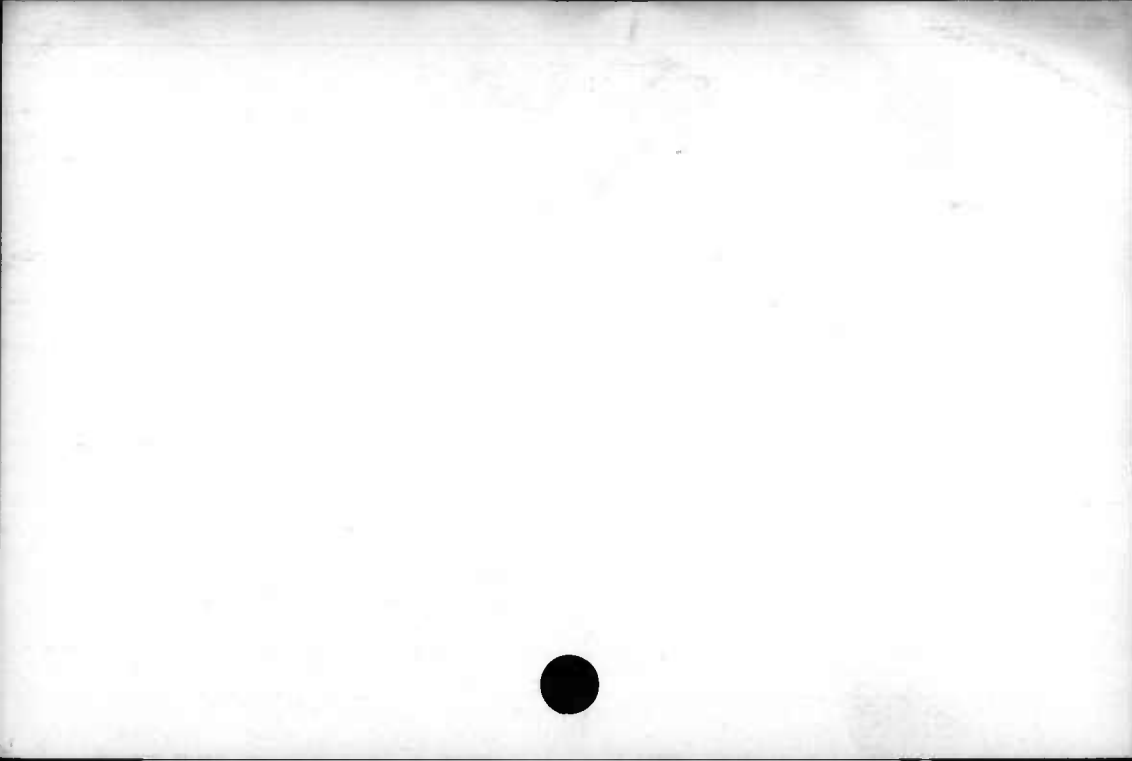
Immediate *Malnutrition* How long 1 "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician *W. B. Grege Howard*  
Address *Foundling Hospital Bethesda Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



*Hackett*

Died at *Milwaukee* <sup>Town</sup> *Montgomery* <sup>County</sup> MARYLAND

Date *1903* <sup>Month</sup> *July* <sup>Day</sup> *12* <sup>Y.</sup> *1* <sup>M.</sup> *1* <sup>D.</sup> *1903* <sup>Native of</sup> *Ind* <sup>Occupation</sup>

*Male* <sup>Female</sup> *White* <sup>Colored</sup> *Married* <sup>Single</sup> *Widow* <sup>Widower</sup> *Divorced* <sup>Number of children living</sup>

Husband of *Harry Hackett* <sup>Mother's Name</sup>

Father's Name *Harry Hackett* <sup>105</sup>

Cause of Death { Primary *Enterocolitis* <sup>How long sick</sup> *2 weeks*

Death { Immediate *Marasmus* <sup>Accident, Suicide, Homicide</sup>

Reported by *SA Wright M.D.*

Address *Forest Glen Md*



Name  
in  
Full

## CERTIFICATE OF DEATH

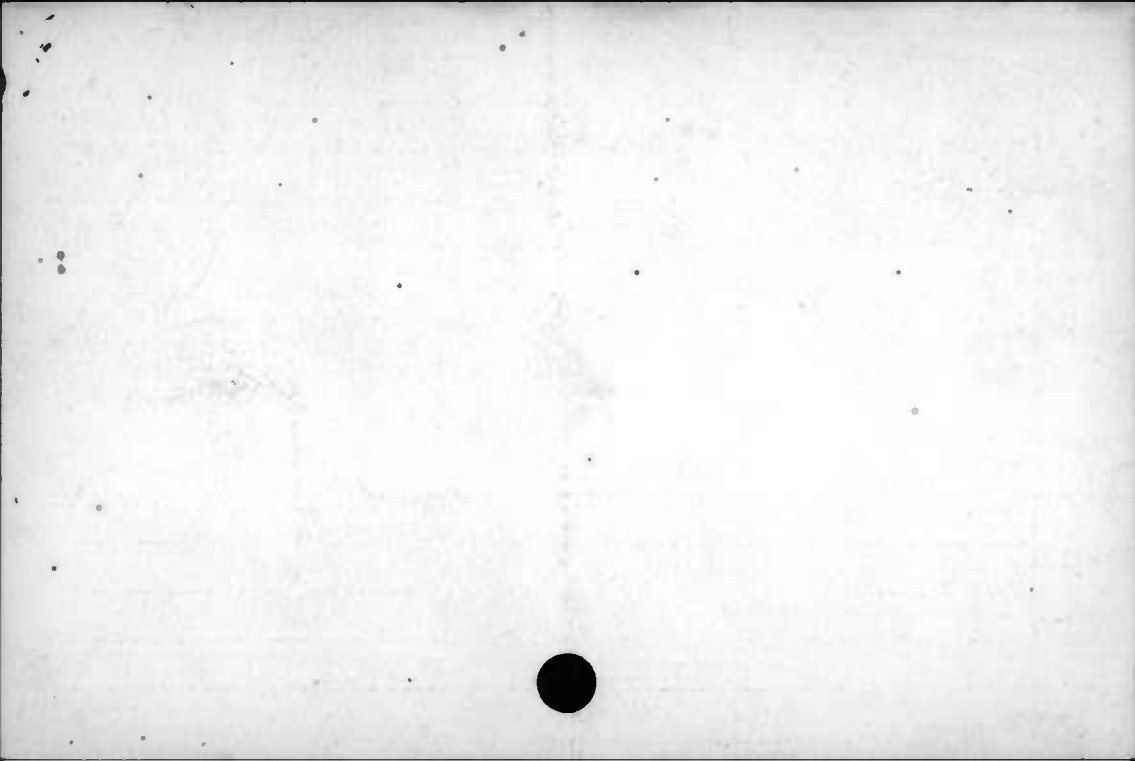
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sancti</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>July</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	Age <i>70+</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Ma</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving In formation <i>—</i>				How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Diarrhea</i>	How long <i>3 weeks</i>
Immediate <i>Acute Mania</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>—</i>
	Address <i>—</i>
Accident or Suicide?	<i>—</i>



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Jay* Town *Wice* County *Montgomery* MARYLAND  
 Date of death 190 *3* Month *July* Day *15* Age *73* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Ma*  
 Married, Single or Widowed *Married* Occupation *None*  
 Name of Wife or ~~Husband~~ *Jennie Barrios*  
 Father's Name *Joe J. Henderson* Father's Birthplace *Ind*  
 Mother's Maiden Name *Mary Stiller* Mother's Birthplace  
 Name of person giving In formation *Jas. J. Henderson* How related to deceased *Bro*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Acute Dysentery* How long *One wk*  
 Immediate *Acute Dysentery* How long *One wk*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *William J. Davis*  
 Address *Stirling Ky Ind.*  
 Accident or Suicide? *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

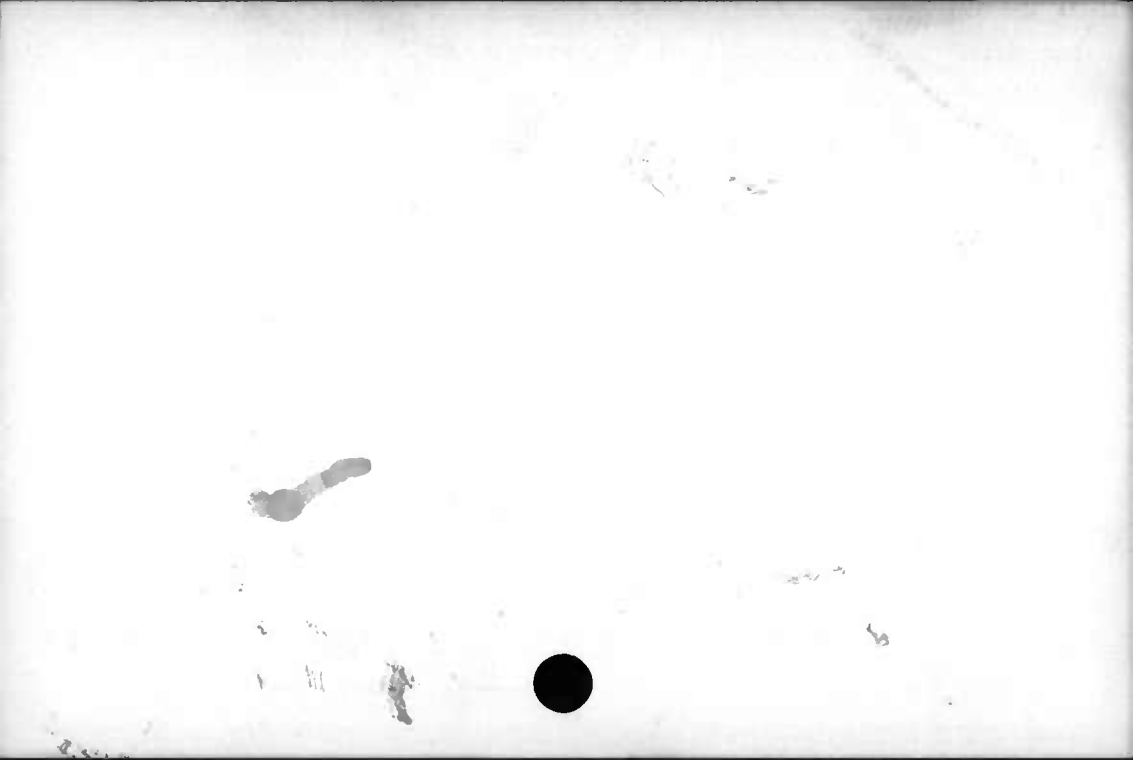
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ladysburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	Age <i>65</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>Capt. J. H. Hinson, deceased</i>					
Father's Name <i>Mr. R. H. Hinson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mrs. Joe Abell</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Several yrs</i>
Immediate <i>Arterio Sclerosis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Eugene Jones</i>
	Address <i>—</i>
Accident or Suicide?	<i>Maryland</i>



Name  
in  
Full

*John H. Kelchma*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i> • Town		County <i>Montgomery</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>23rd</i>	Years <i>Age 65</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>	
Married, <del>Single</del> or <del>Widowed</del>		Occupation <i>Hotel Keeper</i>			
Name of Wife or Husband					
Father's Name <i>Penna</i>			Father's Birthplace <i>Penna</i>		
Mother's Maiden Name <i>Penna</i>			Mother's Birthplace <i>Penna</i>		
Name of person giving information			How related to deceased <i>- - -</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>120</i>	How long
Immediate <i>Chronic Bright's</i>		How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H B Hadday</i>
		Address <i>Gaithersburg Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDeceased *Isaacson*  
*Foundling Hoap. Montgomery*

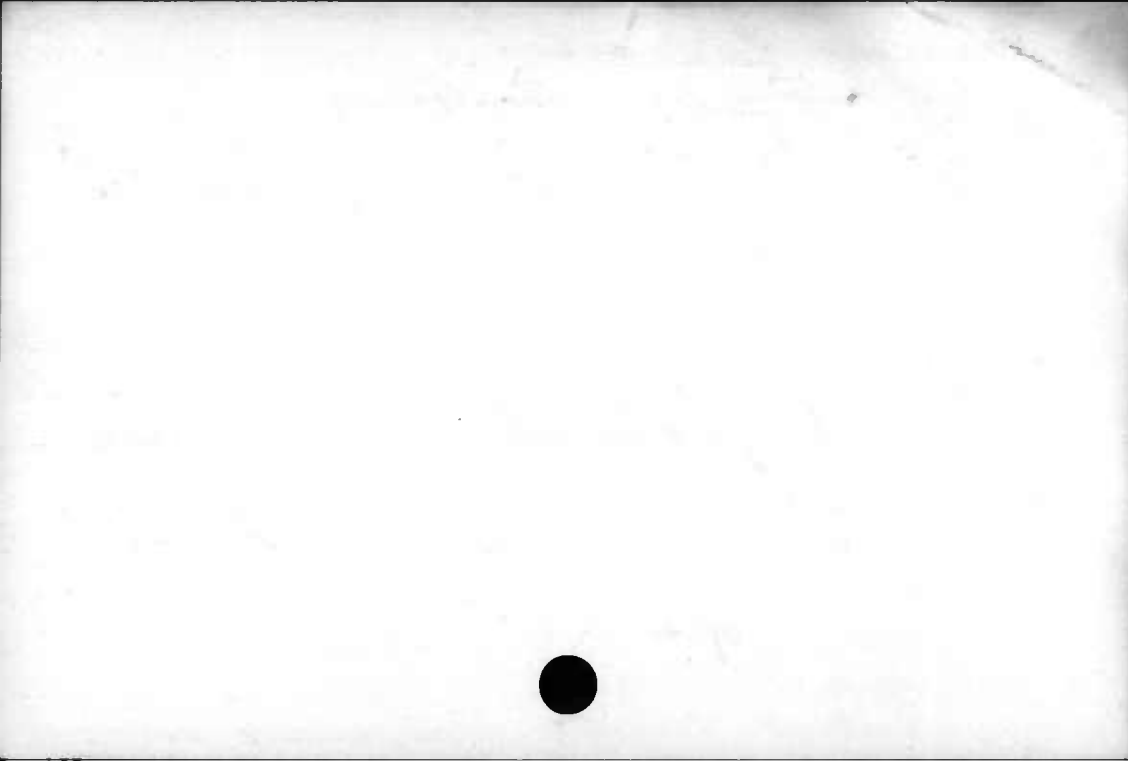
MARYLAND

Died at *Foundling Hoap. Montgomery*  
Date of death 190 *3* Month *July* Day *16* Age *11* Years *11* Months *16* Days *16*Sex *Female* Color or Race *White* Birth-place *N.C.*Married, Single or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Malnutrition* How long *2 months*Immediate *Acute Infection* How long *6 weeks*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Dr. S. H. Howard*Address *Foundling Hospital  
Bethesda Md.*

Accident or Suicide?



Name  
in  
FullLaura Mobley Gray <sup>Town</sup> ~~near~~ Grifton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>County</sup> ~~near~~ Grifton

Montgomery

Date  
of death 1903

Month

July

Day

22

Age

Years

1

Months

3

Days

Sex Female

Color or  
Race

white

Birth-  
place

Clayville

Married, Single  
or Widowed

—

Occupation

—

Name of Wife or  
Husband

—

Father's  
NameGeorge H. May <sup>law</sup>Father's  
Birthplace

Montgomery Co

Mother's  
Maiden Name

Elizabeth Mobley

Mother's  
Birthplace

Montgomery Co

Name of person giving  
In formationGeorge H. May <sup>law</sup>How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 wk

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

YES

Signature of  
Physician

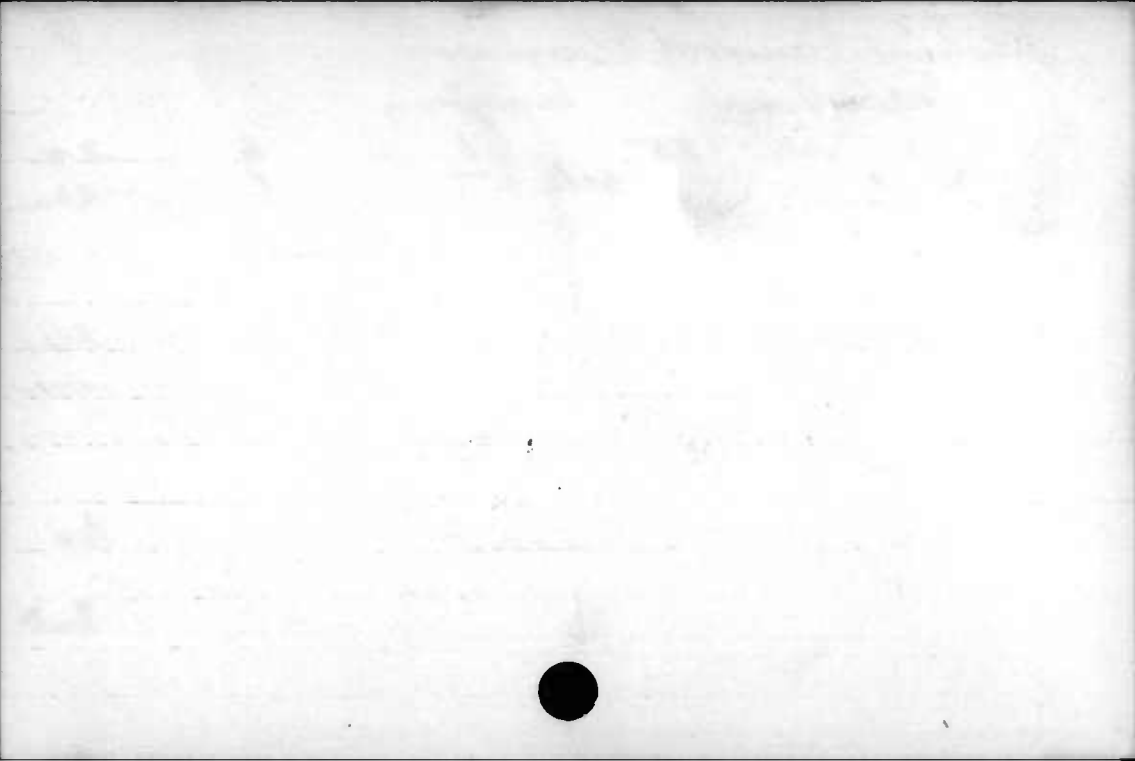
Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

J. Tillman Burris







*AP More*  
 Town *Grantham* County *Montgomery*

Died at

*Grantham*

*Montgomery* MARYLAND

Date 1903

Month *July* Day *17*

Y. M. D.

Native of

Occupation

Age - *15*

*Male*  
 Female

*White*  
 Colored

*Married*  
 Single

*Widow*  
 Widower

Divorced

Number of children living

Husband

of

*Man More*

Wife

*AP More*

Father's

Name

*AP More*

Mother's

Maiden Name

*Man More*

Cause of

Primary

Death

Immediate

*Cholera Infantum*

How long sick

*4 days*

Accident, Suicide, Homicide

Reported by

*William A. Adams*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ethel Nelson

Died at *Martinsburg* Town *Montgomery* County *MARYLAND*

Date 19 *03* *July* *17* Y. *9* M. *9* D. *Ind* Native of *Ind* Occupation *—*

*Female* *White* *Married* *Widow* *Divorced* *Number of children living*

Husband of *—*Wife *—*Father's Name *—*

Mother's Maiden Name *Daisy Nelson*

Cause of Death { Primary *Dysentery* Immediate *Convulsions* How long sick *2 days* Accident, Suicide, Homicide *14*

Reported by *John Nelson*Address *Martinsburg Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Richard Glenwood Plummer

## CERTIFICATE OF DEATH

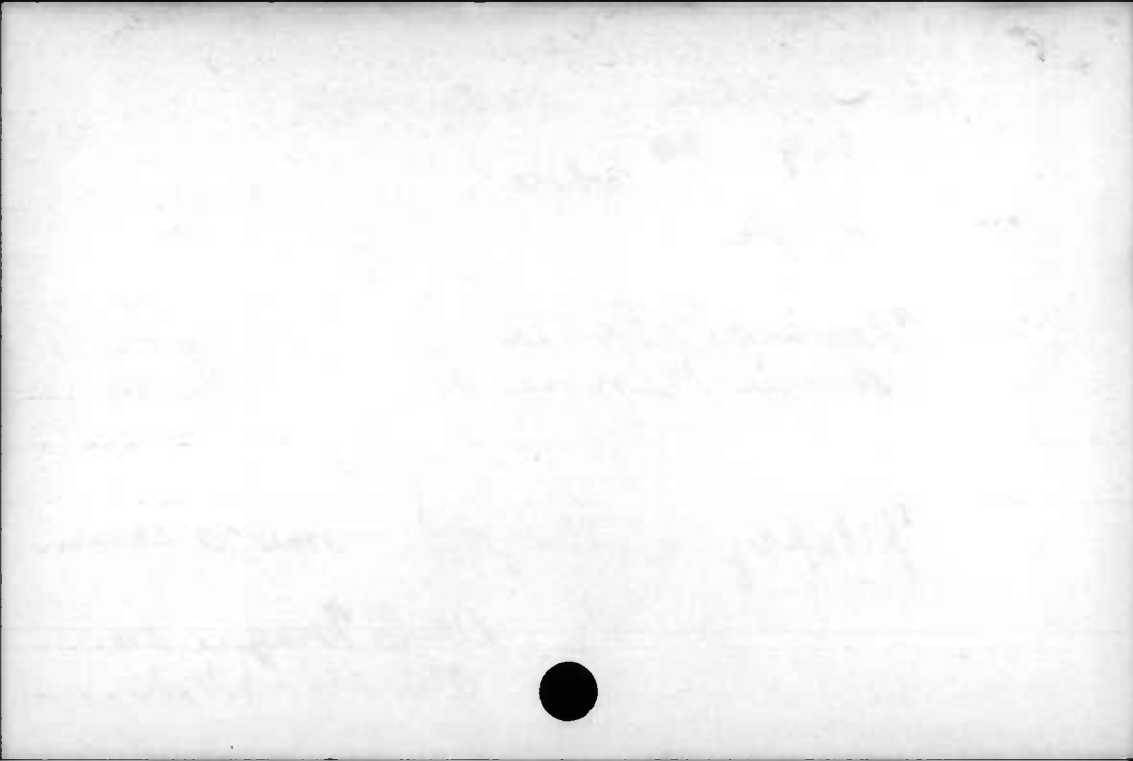
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cedar Grove</i>		Town <i>Montgomery</i>		County		MARYLAND		
Date of death 1903	Month <i>July</i>	Day <i>25</i>	Age <i>1</i>	Years	Months <i>6</i>	Days <i>24</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Laytonsville</i>					
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>								
Father's Name <i>Richard Ewell Plummer</i>				Father's Birthplace <i>Laytonsville</i>				
Mother's Maiden Name <i>Eedith E Sibley</i>				Mother's Birthplace <i>Cedar Grove</i>				
Name of person giving information <i>Ewell Plummer</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>Collapse from intestinal toxemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Dyson M.D.</i>
	Address <i>Laytonsville, Montgomery Co.</i>
Accident or Suicide?	



Name  
in  
Full

Charles Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Ashton</i>		Town <i>Montgomery Co</i>		County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>24</i>	Age <i>48</i>	Years	Months <i>5</i>	Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Montg. Co. Md.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>No occupation.</i>				
Name of Wife or Husband —							
Father's Name <i>Edward Porter</i>				Father's Birthplace <i>Montg. Co. Md.</i>			
Mother's Maiden Name <i>Annie Kinnard</i>				Mother's Birthplace <i>Penna.</i>			
Name of person giving Information <i>Chas. G. Porter</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>over 30 years</i>
Immediate <i>69</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm E Magruder</i>
	Address <i>Olney Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

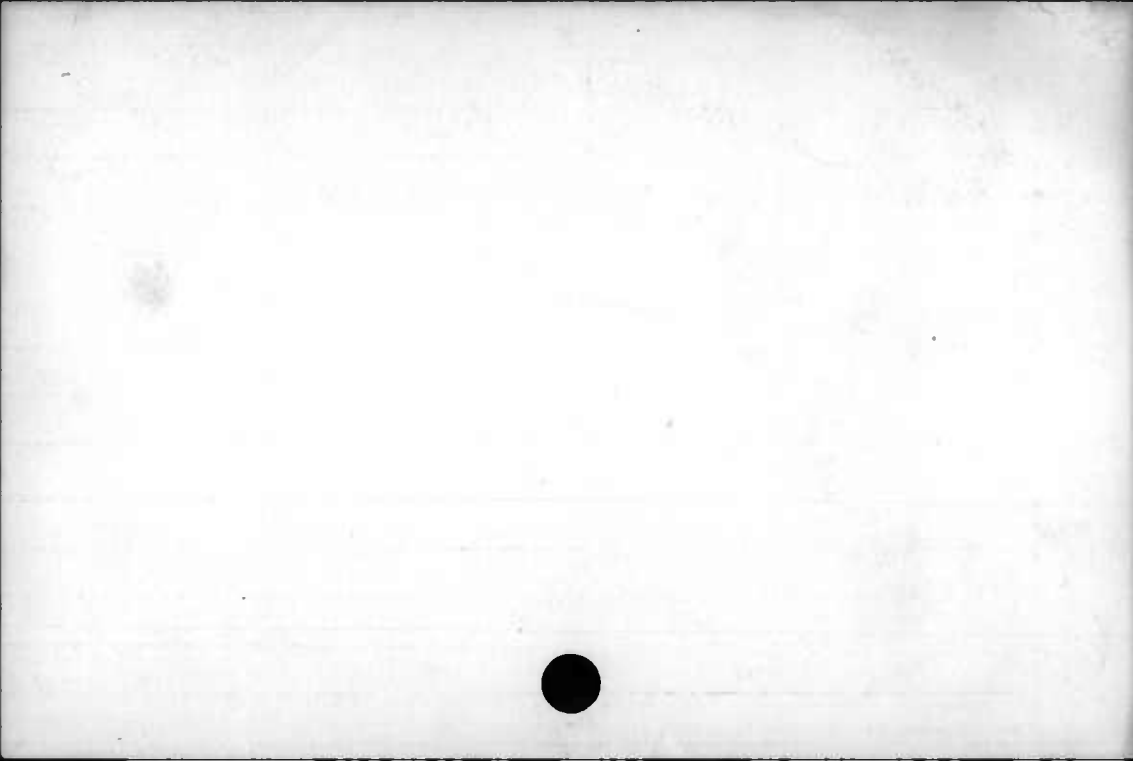
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Takoma Park</i> <sup>Town</sup> <i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>31</i>	Age <i>4</i>
Sex <i>M</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	Months <i>2</i> Days
Married, Single or Widowed <i>L</i>		Occupation <i>-</i>	
Name of Wife or Husband <i>-</i>			
Father's Name <i>Geo. E. Redmond</i>		Father's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Mary Summers</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Geo. E. Redmond</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Typhoid fever</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Takoma Park</i>
	<i>Delo.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Elinor Ellen Rushaw

Town

County

Died at

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

7

26

Age

74

1

20

Md.

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senility

How long sick

1 1/20

Death

Immediate

Heart &amp; Bright Green

Accident, Suicide, Homicide

Reported by

John L. Lewis, M.D.

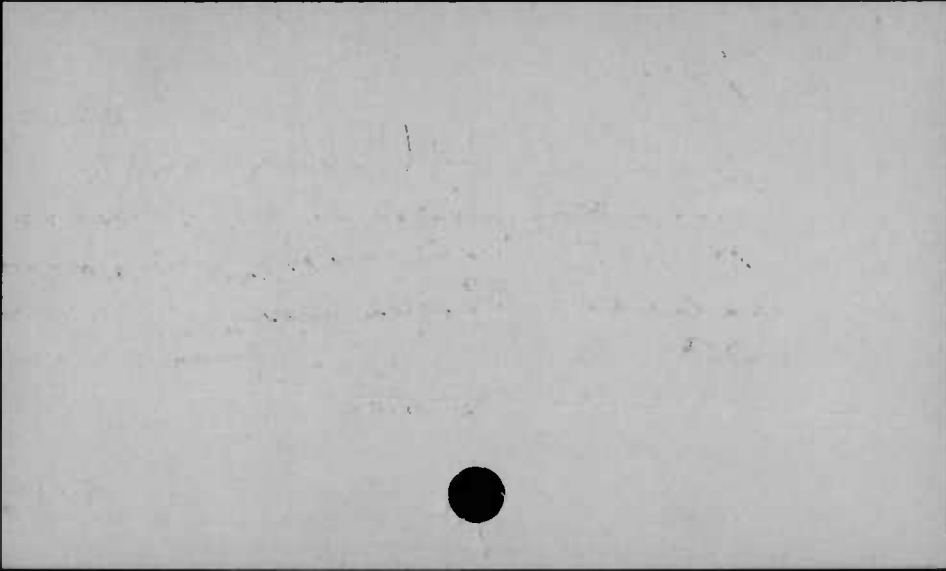
Address

Bethesda

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Catherine Jones Spence

CERTIFICATE OF DEATH

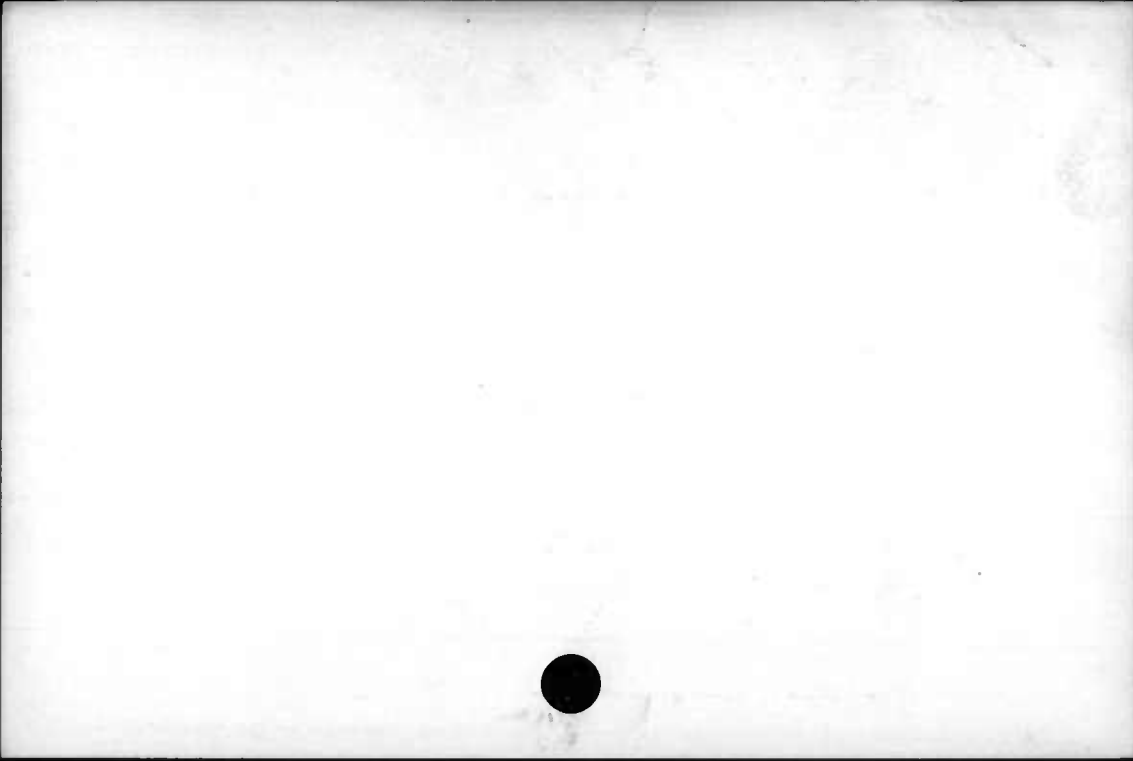
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Foundling Hosp. Montgomery		MARYLAND	
Date of death 1903	Month July	Day 25	Age	Months 3	Days 24
Sex Female	Color or Race White	Birth-place DC.			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		105		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Has pro Intes. Indigestion Birth.	How long	
Immediate	Malnutrition	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. S. Tracy Howard
Yes.		Address	Foundling Hospital Bethesda Md.
Accident or Suicide?			



Sadie Tyler -

Town

County

MARYLAND

Died at

Washington D.C. -

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

July

28

Age

4

6

+

mo.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Basil Tyler -

Mother's

Maiden Name

Lula Harris

Cause of

Primary

Euteritis

How long sick

Death

Immediate

Accident, Suicide, Homicide

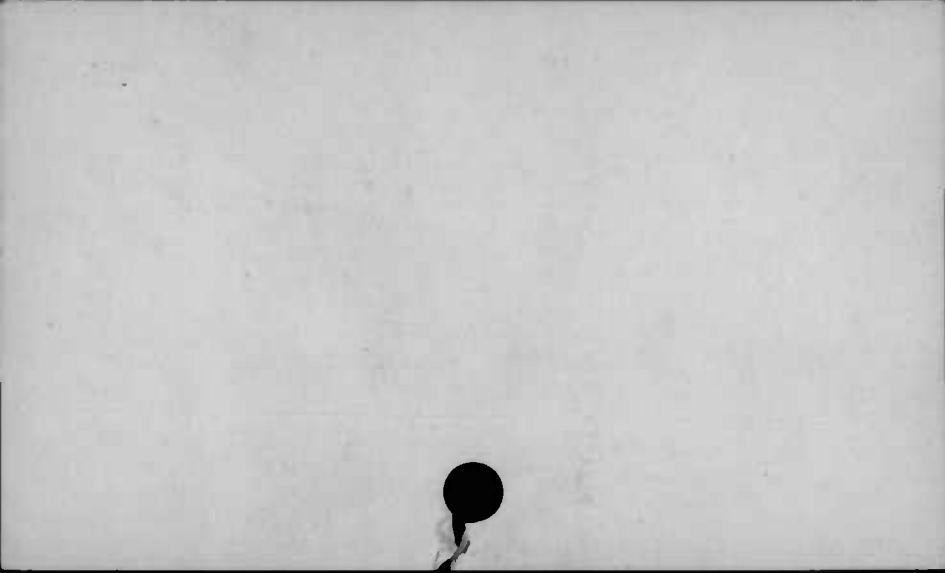
Reported by

H.B. Studdard M.D.

Address

Fathersburg, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

*Halter Van Horn*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

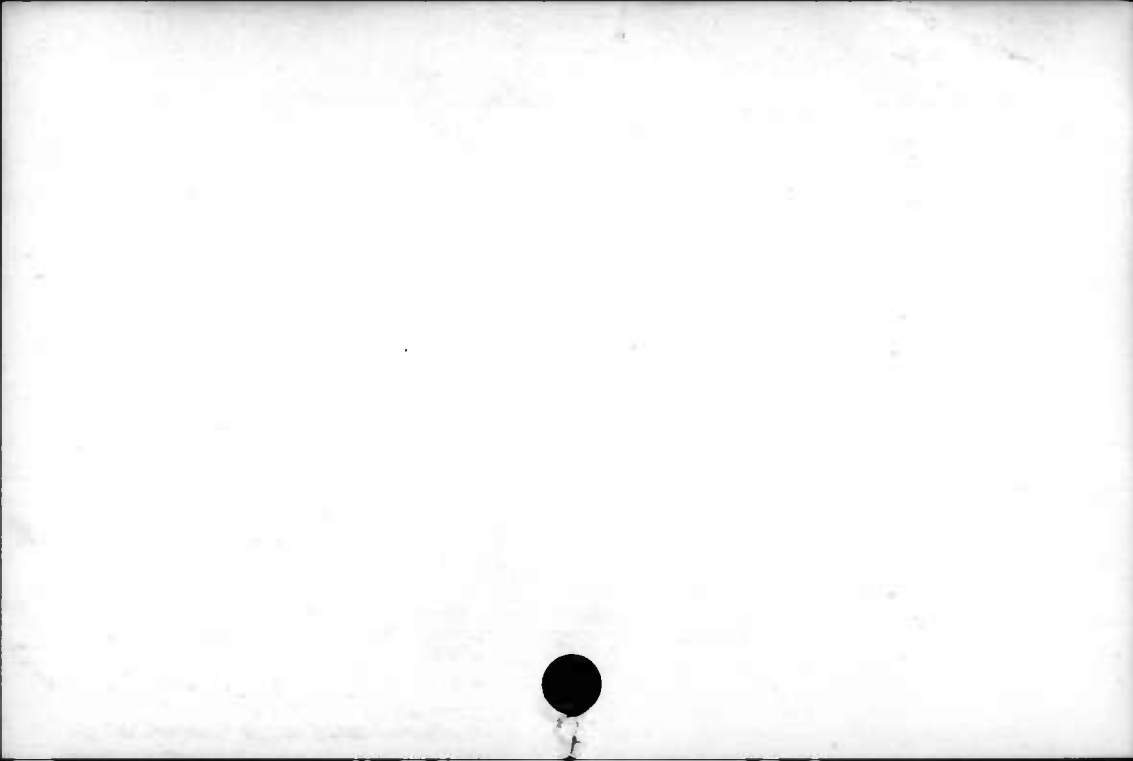
Died at <i>Foundling Hosp. Montgomery</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>July</i>	Day <i>20</i>	Age	Months <i>1</i> Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>-</i>			How related to deceased <i>-</i>		

105

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Infectious Induration Since Birth</i>	How long
Immediate <i>Malnutrition</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. Green Howard</i>
	<i>Foundling Hospital</i>
	<i>Bethesda Md.</i>
Accident or Suicide?	



Name  
in  
Full

Catherine Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Foundling Hospital Montgomery</i>						MARYLAND	
Date of death 1903		Month <i>July</i>		Day <i>16</i>		Age Years Months <i>2</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D.C.</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>-</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>			
Name of person giving information <i>-</i>				How related to deceased <i>-</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atrophy scapula</i>		How long <i>Since birth</i>	
Immediate <i>Malnutrition</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. S. Allen Howard</i>	
		Address <i>Foundling Hospital Bethesda Md.</i>	
Accident or Suicide?			

